

Chair's Report – November 26th

Since the September meeting there have been two GMCA Joint Health Scrutiny meetings.

Oct GMCA Meeting

The papers for the October meeting are here - <https://democracy.greatermanchester-ca.gov.uk/documents/g5923/Public%20reports%20pack%2014th-Oct-2025%2010.00%20Greater%20Manchester%20Joint%20Health%20Scrutiny%20Committee.pdf?T=10>

The agenda covered:

1. The 10 Year Health Plan and GM Strategy
 - a. This document is very high level. Once again outlining the plans for hospital to community, analogue to digital and sickness to prevention.
 - b. We had a discussion about the importance of communities and as a follow up agreed to have a committee briefing on the Live Well scheme.
 - c. A new project called the 'Prevention Demonstrator' was announced and GM will be the first to do this in the country because, *"Where devolution and a focus on population health outcomes are most advanced, we will work with strategic authorities as prevention demonstrators, starting with the Mayor of Greater Manchester, whose thinking in this area is most advanced. These will be a partnership between the NHS, single or upper tier authorities and strategic authorities to trial new innovative approaches to prevention – supported by mayoral 'total place' powers, and advances in genomics and data. We will support these areas with increased autonomy, including supporting areas through exploring opportunities to pool budgets and reprofile public service spending towards prevention."* Again, the committee has had an additional briefing on this project as it goes wider than just Health Budgets to focus on prevention.
2. NHS Greater Manchester's Operating Model in response to the National ICB Reforms
 - a. The discussion here covered the fact that there had been a delay to the process so there was continued uncertainty to the existence of Voluntary Redundancy (VR) and timelines for any ultimate model for the ICBs leaving staff with little support. The committee heard how NHS GM had the same concerns and the committee agreed to write to the Government to ask for an update and separately to staff to express our understanding and concern about their situation and our support.
 - b. In the meeting we also heard that Andy Burnham was intending to write a letter to the Government raising concerns about the closure of Healthwatch and the role they provide.
 - c. This discussion was covered in the MEN
<https://www.manchestereveningnews.co.uk/news/greater-manchester-news/1600-greater-manchester-nhs-staff-32675062>
3. Monthly Service Reconfiguration – the update covered the new items added to the report that have all gone through engagement and are currently in the outcomes review process. They included:
 - a. ME, Chronic Fatigue Syndrome and Long Covid
 - b. Interpretation and Translation services

- c. Ophthalmology – cataracts, emergency eye treatment, glaucoma and macular degeneration.

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The agenda covered:

1. Monthly Service Reconfiguration
 - a. No significant change given two later items (ADHD and Major Trauma) had their own papers.
2. Update on Integrated Care Board (ICB) Programme for Improving Adult Attention Deficit Hyperactivity Disorder (ADHD) services in Greater Manchester (including Consultation Outcomes on Options for Change and related changes to All-Age Neurodevelopmental Care Pathways)
 - a. There was an in-depth discussion on this topic. We were made aware of different parties listening to the discussion and this was to note the clinical pathway preferred following the public engagement against a backdrop of the current system not working. The new system may be able to begin in the New Year.
 - b. Members asked questions about how the most vulnerable would access the new process, how would we know it was working, how long would it take to catch up the current back log (two years) and resources. One area of concern discussed was the growth of the private sector. A number of providers had failed and one took the staff from an entire ICB leaving the NHS with no way to assess. The new pathway may involve private practice but it would be managed and via contracts. All assessments would be face-to-face going forwards.
 - c. We also asked about the suspension of 'right to choose'. This was not linked to this new pathway but a result of a lack of financial resources (due to increasing demand) to continue this for all but the most in need.
 - d. The committee raised their concerns about the new process based on 'noise' we are hearing locally. We have asked for an update in 6 months for early notice of how those who need it most are getting care quickly and that they are accessing the system.
3. Cardiovascular Disease Prevention (CVD) and Diabetes - A Deep Dive into Greater Manchester Intelligence, Priorities, Performance & Improvement Work for CVD Prevention and Diabetes.
 - a. The presentation covered a variety of projects and trials looking at how NHS GM is trying to reduce the prevalence and improve health in these areas.
4. NHS Greater Manchester - Major Trauma Patient Engagement
 - a. The report covered the outcome of patient engagement with those who have accessed the system. It did not recommend moving to one centre in this paper.
 - b. A number of concerns were raised (mainly after the initial treatment) and these will be part of the new pathway development.
5. NHS Greater Manchester Operating Model - Final Draft for Engagement:
 - a. This Model was based on the intended ICB plan whilst accepting there were no timelines due to the lack of information and VR support from the Government. We were told in

the meeting of an announcement that was due to happen later that day. This did happen and it was confirmed that changes needed to be made by the 25/26 year and any VR would have to be repaid from future NHS Budgets.

- b. The model reflects the new approach for NHS GM. Section 3 (page 199) breaks down the new activities into 5 portfolios and the local 'places' and there were some interesting case studies in section 5 (page 211) where they outlined the Health and wider public sector involvement and budgets in the areas of eliminating 'corridor care', addressing waiting times for children's mental health services and preventing homelessness.